

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445464	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  01/21/2014
NAME OF PROVIDER OR SUPPLIER  HILLVIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1666 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	<p>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure corridor doors closed to a positive latch. The findings include: Observation and interview January, 21, 2014 at 12:15 PM confirmed the lower-level storage room door, across from room 1, was not self-closing in that it failed to close to a positive latch due to dragging on the carpet. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 21, 2013.</p>	K 018	<p>The lower level storage room door was found to be defective and will be adjusted to ensure it closes to a positive latch by the Maintenance Supervisor.</p> <p>All other doors were checked for defects on 1-21-14 by the Maintenance Supervisor. No other doors were found to be affected.</p> <p>The Maintenance Supervisor was in-serviced by the Administrator on 1-21-14 on positive latching of corridor doors.</p> <p>The positive latch on the storage door will be checked weekly and coincide with the door lock tests that are currently being conducted to ensure positive latch is</p>	2-7-14	
K 029	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 029			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Joshua Cannon</i>	Administrator	2-7-14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X6) DATE

Joshua Cannon

Administrator

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K 029 SS=D	Continued From page 1  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure fire rated construction was maintained. The findings include: Observation and interview on January 21, 2014 at 11:50 AM confirmed unsealed conduit penetrations in the lower level electrical room and the ceiling of the lower level storage room. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 21, 2013.	K 029	The unsealed conduit penetrations in the lower level storage room and ceiling of the lower level storage room will be sealed to assure fire rated construction guidelines have been met by the Maintenance Supervisor.  All other conduit penetrations were checked on 1-21-14 by the Maintenance Supervisor. No other areas were found to be affected.  The Maintenance Supervisor was in-serviced by the Administrator on 1-21-14 on unsealed conduit penetrations.  All conduit penetrations will be checked weekly by the Maintenance Supervisor x 3 months and/or 100%	2-7-14
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062		

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K 029 SS=D	Continued From page 1  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure fire rated construction was maintained. The findings include: Observation and interview on January 21, 2014 at 11:50 AM confirmed unsealed conduit penetrations in the lower level electrical room and the ceiling of the lower level storage room. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 21, 2013.	K 029	compliance. Any unsealed areas will be fixed immediately. Results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, Director of Nursing, Minimum Data Set Coordinators, Rehabilitation Manager, Medical Director, Social Services Director, Environmental Services Director, Maintenance Director, Dietary Manager, and Activities Director.		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	The 2 sprinkler heads in the beauty shop obstructed by the light fixtures will be fixed upon re-installing the appropriate light fixtures by the	2-7-14	

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K 062	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation and record review, it was determined the facility failed to ensure sprinkler heads were not obstructed. The findings include: Observation and record review with the facility manager, on January 21, 2013 at 9:50 a.m. confirmed 2 of 2 sprinkler heads in the beauty shop were obstructed by light fixtures.  This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 21, 2013.	K 062	Maintenance Supervisor by 2/7/14.  All sprinkler heads were checked for obstruction on 1-21-14 by the Maintenance Supervisor. No other sprinkler heads were found to be affected.  The Maintenance Supervisor was in- served on 1-21-14 by the Administrator on obstruction of sprinkler heads.  Upon completion of the installation of approved light fixtures, the results obtained will be reported to the Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee consists of the Administrator, Director of Nursing,		

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